

UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA
Court Reporter/Transcriber Statement of Services

Name/Firm (Payee): _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____

Invoice/Contract #: _____
Soc Sec/Tax ID# (Payee): _____
Phone #: _____
Fax#: _____

COURT REPORTING:

Case #	Case Caption	Judge	Date	Time: (From)	Time: (To)	Hours	CM/ECF Filing #

_____ Full Days @ \$ _____ *
_____ Half Days @ \$ _____ *
_____ Overtime @ \$ _____ *
_____ Cancellation Fee @ \$ _____ *

Total \$ _____

"I certify that I performed court reporting services, as claimed above, and that the fees charged are in accordance with the contract and local court guidelines."

Court Reporter Signature

Date

TRAVEL AND/OR OTHER EXPENSES: *(if applicable)*

Total \$ _____

TRANSCRIPTS:

Case #	Judge	Ordered By	Date Ordered	Date Filed	Filing #	Type	Pages	Rate	Total

Total \$ _____

"I certify that the transcript fees charged were ordered by the court and the page format used comply with the requirements of the court and the Judicial Conference of the United States."

Total Amount Claimed \$ _____

Transcriber Signature

Date

Reviewer Signature

Date

Mail Invoice To:

Clerk, U.S. District Court
Attn: Deb Wesely, Shared Services
111 S. 18th Plaza, Ste 1152
Omaha, NE 68102-1322

*Forms and Court Plans located at www.ned.uscourts.gov
Last Revision Date: 11/02/2007*